

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2004 JUL -9 AM 10: 57

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Planning and Land Use

Division/Unit: Regulatory Planning

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	14.25	X	\$17.19	=	\$244.96
----------	---	-------	-------	---	---------	---	----------

Types of work performed by GENERAL VOLUNTEERS in this category:

In this case, a County employee from another department requested to volunteer
to learn more about the planning process. He worked with student workers on
general research for planning projects.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$17.19	=	\$0.00
----------	---	-------	---	---	---------	---	--------

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
----------	---	-------------	---	-------------	--------

0000208

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>1</u>	<u>14.25</u>	<u>\$245</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	1	Total Hours	14	Total Value	\$244.96
----------------	----------	--------------------	-----------	--------------------	-----------------

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE =	\$0.00
----------------------	---------------

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours	2	X	Rate	\$29.15	\$58.30
-------	---	---	------	---------	----------------

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	1	X	Rate	\$24.12	\$24.12
-------	---	---	------	---------	----------------

0000209

c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$82.42

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d **\$244.96**

b. Total of Donations to Volunteer Program, Item 3 **\$0.00**

c. Subtract Total of program Costs, Item 4d **\$82.42**

TOTAL PROGRAM BENEFIT:

\$162.54

0000210

6. **RECRUITING:**

Please describe your recruiting programs:

n/a

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

n/a

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

n/a

9. **GENERAL INFORMATION:**

Name of person completing report:

Traci Mitchell

Phone:

858-694-2975

Mail Stop: O-650

E-Mail:

traci.mitchell@sdcounty.ca.gov

Volunteer Coordinator:

Traci Mitchell

Phone:

858-694-2975

Mail Stop: O-650

E-Mail:

traci.mitchell@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

6-29-04

DATE

0000211